

Partnerships in Care 1 Limited

Kingfisher

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Kingfisher is registered to provide supported living for up to five adults with mental health needs. The service offers support to enable people to make the transition from rehabilitation placements to full independent living and social inclusion. There is an office on site and five individual flats where residents have their own tenancy.

At our last inspection, we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by suitably qualified and skilled staff to meet their needs. Staff received regular training and supervision to support them in their role. Staff felt supported by management and there were systems in place to ensure communication between one another. No new staff had been employed since the last inspection, however we saw that the two current staff had received appropriate recruitment checks before starting employment to ensure they were appropriate for the role.

Staff supported people to manage their medication safely and encouraged independence with this.

Staff supported people to maintain their physical and mental health needs, and involved health professionals when required. People were encouraged with activities of daily living such as shopping and meal preparation to enable them to maintain a healthy diet.

Staff had received safeguarding training and were aware of how to recognise and respond to risk. Individualised risk assessments were in place and people were supported with positive risk-taking in order to maintain their independence, choice and control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make their own decisions and consent was gained before care or support was provided.

Staff were caring and understood the importance of confidentiality and respected people's privacy. People were supported to be independent and were treated with respect. People were involved in care planning and attended regular reviews of their care.

No complaints had been received since the last inspection but systems were in place for responding to these if they were received. Systems were in place to assess, monitor and improve the quality and safety of the service. The service worked in partnership with other professionals and services when accessing support for people who lived there.

The registered manager was aware of their responsibility to inform CQC of notifiable incidents and these were sent appropriately.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Kingfisher

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service provides care and support to people living in five 'supported living' flats so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living. This inspection looked at people's personal care and support. Not everyone using Kingfisher received regulated activity; the CQC only inspects the service received by people provided with 'personal care'. This includes support with tasks related to personal hygiene and eating. In these circumstances, we also take into account any wider social care provided.

This was a comprehensive inspection that looked at whether the service was safe, effective, caring, responsive and well-led.

This inspection took place on 20 March 2018, was carried out by two adult social care inspectors and was announced. We gave 48 hours notice because this is a small service where one member of staff is present. This short notice period allowed management to attend who are based at another location.

Before the inspection the provider completed a Provider Information Return (PIR), which contained information about the service and how the provider planned to develop it. We reviewed the PIR along with other information we held, including statutory notifications, which the provider had submitted. Statutory notifications contained information about important events which took place at the service, for example, safeguarding incidents, which gave us information about how incidents and accidents had been managed.

We spoke with the local safeguarding team and the local authority contracts and commissioning team to gain their views on the service.

During the inspection we observed how staff interacted with people who used the service when they visited

the office and used the internal telephone system to call staff in the office. We spoke with one person who used the service because only one person received a regulated activity. The registered manager was unable to attend the inspection so we spoke with the deputy manager and the two members of staff who provided support to the five people who used the service.

During the inspection, we reviewed one person's care plan and medication administration record. We looked at two staff files and their training and supervision records. We looked at a selection of documentation relating to the management and running of the service. These included minutes of meetings with staff and people who used the service, quality assurance audits, complaints and maintenance records.

Is the service safe?

Our findings

Staffing levels were appropriate. One member of staff was available 10am to 7pm daily. There was a system in place for people to contact help out of hours should they need it; however staff reported this was very rarely needed. One person who used the service told us they knew how to call for help using a contact number. We saw that the contact number was visibly displayed for people to see when the office was closed. Staff told us there were staff available from one of the other registered provider's services, Riverbank, to cover for annual leave and short notice absences. Staff told us if they were out of the office providing support for a person they would leave a note saying when they were expected to be back and would let people know using their internal phones. We observed staff were accessible throughout the day and people came to the office to see staff and called them on the internal phone.

Risks were recognised by staff and they were able to tell us how they would identify and respond to risk in certain situations, for example if a person's mental health was to deteriorate. We saw people had risk assessments which were detailed so staff could provide appropriate support. These were accessible for staff in people's care plans and were developed with the person themselves. People were supported to maintain their independence whilst effectively balancing risk.

Safe systems were in place to support people with their medication; there was an appropriate medication policy. Support was provided in line with people's needs and they were supported to be independent with medication where possible. This was appropriately reflected in people's care plans. Most people managed their own medication; but staff supported them to order it and monitored to check it was being taken safely.

No recruitment had taken place since the last inspection. Relevant checks had been taken to recruit existing staff safely, which was observed in the two staff recruitment files that we saw.

Staff had received safeguarding training and showed awareness of safeguarding procedures. Staff told us how they would recognise if someone was at risk of abuse and what action they would take. There was a safeguarding policy and contact numbers for safeguarding and whistleblowing displayed in the office so staff could raise any concerns they became aware of. No safeguarding referrals had been reported since the last inspection but staff showed us a system they had in place for recording these if needed.

Accidents and incidents were low but these were recorded. Staff informed CQC of notifiable incidents and showed they had taken the appropriate action.

Staff had an office with appropriate facilities. They had a book for recording faults with people's flats and reported these to the maintenance company on their behalf. Staff said communication with them was good and the housing officer visited fortnightly so people could speak with them about any problems with their flats.

Is the service effective?

Our findings

People's needs were assessed before receiving a service and a detailed care plan was formulated to ensure staff had information available to provide effective care. The care plan we reviewed was person-centred and provided staff with details about the individual's needs including how to recognise deterioration in their mental health and coping strategies that worked best for them.

People were supported to transition into the service and supported to move out of the service when ready. Staff told us that when people made the decision to leave, there were systems put in place to support this transition.

We saw people were supported to access healthcare. Staff supported people to arrange healthcare appointments and attend these where necessary. Where people could do this independently, this was promoted. We saw people's care plans contained information about their health needs and how staff were to support them to maintain a healthy lifestyle.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. At the time of the inspection, people who used the service had capacity to make their own decisions. Staff sought consent from people and followed their wishes. People signed consent for their photograph to be in their care plans. One person told us, "They [staff] always request my consent."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. For example, systems in place for handling medication encouraged people to manage this for themselves where possible. Systems also enabled people to manage their nutritional needs independently. However, staff offered support in these areas when required.

Staff completed training on MCA and were aware that people's mental health may deteriorate which could temporarily affect their capacity. They knew in these instances they would need to liaise with health and social care professionals involved in people's care and treatment, as decisions may need to be taken in line with mental health legislation rather than MCA.

Staff had relevant training for their role and regular supervision. They worked alone while providing support for people. A lone working policy and risk assessment was in place and staff told us they felt supported in their role. Staff told us they had a daily handover (often over the telephone) and would provide regular updates to management at least weekly. They told us managers visited the service once a fortnight but would come more regularly if there was a problem. They also told us they could seek advice from a registered mental health nurse based at Riverbank when needed.

Is the service caring?

Our findings

Staff showed awareness about the need for confidentiality and privacy. Paper records of people's care plans were stored in a locked room; an electronic version was also available, which we saw was password protected. A member of staff told us, "People were welcome in the office and often come in for a chat and cup of tea." Throughout the day, we observed people come to the office and saw staff go outside to chat to people. Other people also used the intercom system to ask the staff questions. People's post was delivered to the office and staff put this in a tray for people to collect. We observed a person came into the office to check the post tray. One person we spoke with told us, "Staff are always confidential," and "Staff use the intercom to let me know they want to visit me, so privacy is respected."

One person we spoke with told us, "Staff are brilliant, will help you and do anything" and "Staff are approachable any time." We observed staff were friendly and professional with people when they came into the office or called them on the intercom. Staff told us if people preferred and they requested it, they did not wear their badge when they supported them in the community. This helped to maintain people's dignity.

Staff were able to tell us about the assessed needs of individuals and how best to support them. Staff were familiar with people who used the services and their individual preferences. People's independence was promoted and this was reflected in their care plans. For example, we read about and observed people leave the site to independently go shopping and attend the doctors' appointments.

Staff told us people were involved in the care planning. One person we spoke with confirmed this and said they were regularly involved in care planning and reviews. They said, "I see my care plan whenever I want." We saw in care plans that people had been involved in formulating these. For example, they had provided specific information and signed that they agreed with the content.

A tenants' meeting was organised on a monthly basis but attendance was sometimes low. Staff told us they sent minutes of meetings to people if they did not attend, so they could be kept informed. The meeting was arranged so any problems or ideas could be shared.

We saw people had given positive feedback in surveys about how staff respected their privacy, dignity and independence. People also confirmed with us that they were supported to be independent and their privacy and dignity were respected.

People received a welcome pack when they moved in with information, including a complaints policy. Information was also available in the office displayed on the walls, which included healthy eating guidance and information on local community activities.

Is the service responsive?

Our findings

Care plans were in place with person-centred information, which were available to staff. The care plans supported staff to respond to people's needs appropriately. Detailed information was provided in relation to people's needs and the support they required.

We saw people completed a 'recovery star' which provided numerical and pictorial data of how people assessed themselves, with the aid of staff, in a number of areas. The 'recovery star' was reviewed at regular intervals to discuss issues and assess progress.

People had regular review meetings to ensure they were receiving the appropriate level of support and people were involved in updating their care plan. One person we spoke with told us about their reviews and said, "Staff ask how things are going; they ask about my aspirations." Reviews were recorded electronically on a 'Path Nav' computer system. Staff told us people were involved in these meetings to review their support and they completed the electronic record together.

No complaints had been made since the last inspection. We saw where these would be recorded in individuals care plans, where relevant. One person we spoke with told us they would know how to make a complaint if they needed to. Staff told us people had received a complaints policy in their welcome pack.

People were encouraged to access community facilities and maintain relationships with friends and family, if this was chosen. Support was provided on an individual or group basis depending on the activity and what level of support was required. We saw this was considered in people's care plans. One person told us, "I have done gardening and grown vegetables in the summer and I will be doing more this year."

The service identified and understood people with regard to their diverse needs and staff supported them accordingly to ensure they were not discriminated in any way, either in the service or in the community. Staff had received equality and diversity training and followed principles of the equality act.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was not based at the service which was managed on a day to day basis by support workers. Arrangements were in place for staff to contact the registered manager or deputy manager and staff told us they continued to feel supported.

Staff confirmed communication within the organisation and with the registered manager was good. There were systems to communicate between the two support workers including supervision, team meetings and handovers.

Few incidents and accidents were reported. Staff told us outcomes were recorded electronically, however they could not access the system due to IT issues, which meant the service could not evidence their learning from these at the time of the inspection. The deputy manager noted the issue had been escalated appropriately and they were in the process of trying to resolve this.

The provider utilised effective quality assurance systems to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. We saw that audits of health and safety, medicines and infection control were completed on a regular basis. Action plans were in place for some, although not all, and this was discussed with the service to address.

We asked staff about partnership working. They told us about partnerships with people's social workers and one of the other provider's services, Riverbank. They told us they would contact the safeguarding team and crisis team for advice and support, if needed. We saw in people's care plans that other professionals had been contacted.

We reviewed the accident and incident records held within the service and found that the service had informed the Care Quality Commission of notifiable incidents as required.